

**Health Workforce Pilot Projects Program  
Interviews with Trainees  
171—07-100  
San Diego, California**

Interview Elements	Comments/Notes														
	BRN				MBC	Assoc. of Reproductive Health Professionals				American College of OB-GYN, District IX	Technical Consultants, UCD FNP/PA Program	OSHPD-HWPP			
	T- 200	T-873	T- 758	T-740		T - 200	T - 873	T - 758	T - 740		Interviews with APCs #200, #758, #873, and #740	T-200	T-873	T- 740	T-758
<b>Employment History: The Trainee's Role as a Certified Nurse Midwife, Physician Assistant, Nurse Practitioner</b>  1. How long have you been licensed/certified as a practitioner? 2. What inspired you to become a practitioner? 3. How long has your practice involved providing services related to maternal and child health, abortion care, miscarriage management care? (Discussion regarding services provided) 4. What inspired you to become a part of this pilot project?	Family Nurse Practitioner  FNP for the past 15 years.  She has been with Planned Parenthood for the past 4 years and is in favor of women having access to care.	Only APC in Riverside.  She has been a nurse practitioner since 1978. Graduated from University of San Diego.  She is the lead clinician at a clinic in Moreno.  Felt very special at the Riverside Clinic and received a great deal of support.	Certified Nurse Midwife.  Had been practicing midwifery on the east coast and providing full services to patients.  Worked at Planned Parenthood for 1.5 years.	Family Nurse Practitioner  She has been a nurse practitioner since 1981. Graduated from Education Associates in Campbell, CA an affiliate with San Jose State University.	No report received						Each APC was at a different training level and each explained the process of didactic education, direct physician preceptorship training, and competency based clinical evaluations	FNP  T-200 has lived in San Diego over 30 years.  She was interested in the training to obtain more skills in access to care.	She is the only Trainee located at the Riverside site - Moreno Valley.  FNP for the past 15 years.  She has been with Planned Parenthood for 4 years.	Family Nurse Practitioner  She is in her practice phase.	Certified Nurse Midwife  She is both ACLS and BCLS trained  This facility requires their RNs that work 3 days or more to be ACLS trained.
<b>New Role: As a Trainee in this Extended Capacity:</b>  1. Do you feel comfortable in your new role? 2. Do you feel competent to perform the new skills you have learned? 3. Are you expected to perform tasks that you were not trained to do? 4. Could you comment on the course content during your didactic and clinical training phases? 5. Was the time allocated for training sufficient for your comfort level/your competency level?	Just finished her 1 <sup>st</sup> 40 procedures and has taken the exam. She is now working on the next 60 procedures. She performed procedures on Tuesdays. There were no other Trainees (MD students, Residents)	Feels competent in performing procedures.  Had a cervical tear that was 12-14 weeks. MD present put in a couple of stitches. Discussed incident with other clinicians.	Has performed 192 procedures.  Currently in the independent phase.  Providing abortions allows her to provide full services to patients.	She has been with Planed Parenthood for 11 years.  Has worked with patients having abortions for the past 28 years.  Would like to have more days doing the procedures, abortions.		Very experienced clinician who is in the final stage of her training with direct supervision. She seems very comfortable with the procedures and with asking for assistance when she needs it. She is enthusiastic about this new skill and having the opportunity to provide comprehensive care to	After 94 procedures, this clinician has almost completed her training phase. She had one complication (a tenaculum tear) and handled it appropriately by calling in the physician who helped her resolve the complication without the need for further referral. She is comfortable with her skills and	Extremely well trained and qualified clinician who has completed 192 procedures with no complications. She is trained as an RN and a CNM and has provided a full range of reproductive health care in her career. Adding aspiration abortion to her skills is a logical next step to	Very experienced clinician who is especially enthusiastic about the opportunity that adding this skill provides allowing her to offer continuity of care to her patients. She is comfortable with other gyn procedures and feels comfortable with suction abortion as well. She has completed 100 procedures	There seems to be a difference in skills and comfort level among the providers, which is to be expected in any training system.  Some providers are doing these procedures independently without a physician on site after their initial 40 cases while others stated they do not feel comfortable doing them	Curriculum was described as being self-paced and appropriate for each trainee.  Didactic curriculum is 30 hours and each APC must pass a written examination at 90% before progressing to the hands on clinical training module.  Trainees stated that they were comfortable with the education model and that the educational process and	She has completed her first 40 procedures. Would like to perform 12 more procedures before advancing. Her schedule has been six weeks every Tuesday.  She will ask for help in difficult dilations. She has had 2 months with full schedule. Patients are asked to consent for the APC project.  She is well acquainted with the protocols for project.	She indicates that she reached a comfort level at 40 procedures.  One complication was with a cervical tear. MD present who inserted stitches. The case was later discussed with the other clinicians.  The preceptor evaluates every patient case where the Trainee performs 1-40 procedures.	The Training has reinforced that which she was exposed to over the years.  The training, for her is a natural progression.  She refreshes/reviews her protocols for each group of steps.  She has experienced one difficult procedure-dilation received assistance	She likes the team approach: one APC and one RN.  She has completed 192 procedures of which 100 were completed in the summer of 2008.  She averages 8-12 procedures per day.  She has administered IV meds, but that role is with the second nurse while she is in the APC project.

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						her patients. I have no question about her ability to safely move to the next level of training.	her limitations. I have no question about her ability to perform the abortion procedure safely.	allowing her to provide comprehensive care to her patients. She is a support for the other clinicians in training and values being able to discuss cases with them and their supervising physician. I have no question about her ability to provide safe, high abortion quality care	in her training. I have no hesitation that she can qualify as a safe comprehensive abortion care provider.	without a physician immediately available even after performing nearly 100 cases.  I believe having a physician immediately available on site is necessary to provide adequate support for all the midlevel providers, regardless of their confidence level as well as providing an appropriate level of safety for patients.  While I am aware that the study allows for providers to perform abortions without a provider on site after completion of the initial 40 cases, I believe these procedures (done without a physician on site) in particular need to be	curriculum were thorough and prepared them adequately for the clinical preceptorship as well as independent clinical practice.  She has in the past administered IV meds, but not a part of the project.  She does follow-up from patients but not necessarily for the specific APC patients.			from her preceptor.  A second nurse provides the IV meds.  She would like to have more days. She feels compassion for the clients (patients).  She feels ready for the independent practice phase. She performs 7 - 10 procedures, but 10-20 would be a good number	In emergencies she utilized the preceptor and refers to the emergency protocols.  The site has drills so that staff is trained well in advance of a situation.  She has experienced one re-aspiration during the training phase.  The APCs discussed these cases during their care study.  She maintains her own log and adds her comments. The research coordinator enters the data into the computer from the logbook.  She is a seasoned clinician with knowledge regarding pregnancies - fibroids, shape of uteruses.  She trains other nurses in the Family Planning Clinic and the mid-levels with other skills.

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										carefully scrutinized and have meticulous follow up to demonstrate safety if this study is to be used to consider a change in the scope of practice of midlevel providers.					She is experienced as a recovery room nurse.
<b>Clinical Experience:</b> 1. How are the patients assigned to you? How many thus far? 2. Were the services that you provided related to: miscarriage management, abortion care, other maternal care? Discuss 3. Are you the sole trainee providing the service to an individual patient or is their another trainee assigned to work with you? If another trainee is assigned to work with you, discuss who the primary trainee provider is and how that is determined? What is the shared responsibility? 4. What responses do you get when asking the patient to sign the consent form? Is their acceptance after the explanation? If the patient declines to sign, what happens next? 5. Have there been instances when patients are reassigned\changed and given to a non-trainee practitioner? Discuss. 6. Do you administer any medications? If so, what type\purpose of the medication? 7. Have there been any complications in providing your service? 8. Have you provided any care during the post discharge period to one of your patients? After care to a patient who was discharged home? Follow-up care?	Only Trainee. The coordinator gets consent form signed.  Have worked (provided care) with patients from various cultures.  Have administered IV meds. No complications.	She has performed 13 procedures in a day. Has had issues with dilation that needed assistance by MD.  Last 54 have only needed the MD 4-5 times	Has seen one re-aspiration during the beginning of training.  When there is a difficult dilation, assistance is provided.  Has done procedures with another RN in the room to provide the IV med and observe the patient.  Have emergency protocols in place. RNs are ACLS certified.  Trains other APCs for competency and sign them off.	She has had one difficult procedure with dilation, but no complication s.  Since competing 40 procedures, has only had to call the MD in 2 times.  Have administered IV meds for the procedures with assistance of another nurse.  Participates in patient education.  Sees 7 -10 patients 2 times month.						APC #200 stated felt comfortable at 50 procedures, having 1 day a week in clinic over 6 week time frame and consults at least 1-2 times a month on more challenging cases.  One APC has over 190 procedures and is in Independent Phase of Training.  APCs state they follow specific protocols; they are comfortable in role and service being provided to improve a woman's access to care.  The procedures for patient logs,		She feels comfortable with the other employees at the clinic.  She averages 13 procedures for the last 2 weeks. But indicates that her normal number of procedures is between 6, 8 and 11.  A second nurse is present to provide the meds.			

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											follow up are the same as the Concord Clinic				
<b>Records Management</b>															
1. Where are the signed patient consent forms kept? 2. Is this the same place where patient records are stored: During clinic hours? After hours? 3. Do you keep a log of patients seen as part of your employment/utilization record? 4. Have you had a chance to review the patient questionnaires? If so, what were your findings? 5. What other records do you manage/ maintain?			She maintains own patient log.										She keeps a log of patients procedures		
<b>Relationship of the Employment/ Utilization Experience to the Didactic/Clinical Rotation Course and Expected Project Outcomes:</b>	None														
1. Now that you have had some experience in abortion care et.al. do you have any suggestions to modify the course content (that would provide better preparation)? 2. What are your expectations regarding the outcome of this project? 3. Are there any other comments, or information you would like to share with us?											Overall, the educational and clinical training curriculum is presented in a step wise, self-paced manner with appropriate one-to-one preceptorship, and regular evaluations for competency. This process is educationally sound, well monitored and appropriate for clinician training. All APCs have signed Standardized Procedures and Protocols	She would like to obtain more information about the products of conception. MVAs 50 experience and EVAs 50. Training: enough experience with dialogue with the MD.	She now is seeking more challenges - dilations (e.g. 11-12 weeks)		